

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/593021**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
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47			/			
48			/			
49			/			
50			/			
TOTAL IND.			1			
TOTAL DEP.			22			
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					0	
TOTAL DEP.					4	
TOTAL CLAIMS			23		4	